

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/04/2013
NAME OF PROVIDER OR SUPPLIER WILLIAMS LIFE CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 CONNECTICUT AVENUE, NW SUITE 225 WASHINGTON, DC 20036		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>An initial provisional licensure survey was conducted on April 4, 2013. The findings of this survey were based on interviews with agency administrators and the review of administrative records, including the Organizational Chart, By-Laws, Operating and Personnel Policies and Procedures. Also reviewed were criminal background checks and references for members of the Board of Directors and each staff hired to date. In addition, an environmental inspection was conducted of the corporate offices, including conference rooms, kitchens, employee and directors' offices and storage rooms.</p> <p>Williams Life Center, Inc. is in compliance with the requirements of 22 DCMR, Chapter 16: Standards of Placement, Care and Services for Child Placing Agencies.</p>	S 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1